



# FOOD ESTABLISHMENT INSPECTION REPORT

Harry's Famous Pizza  
6 S. Main St.  
Uxbridge, MA 1569

Inspection Number	Date	Time In/Out	Inspection Type	Client Type	Inspector	
C3A93	2/19/20	6:38 PM 7:06 PM	Routine	Restaurant	J. Clarico	
Permit Number	Person In Charge	Variance	Priority	Priority f	Core	Score
2019-F069	Thomas Tzeremes		2	1	0	88

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

Supervision		IN	OUT	NA	NO	COS	Protection from Contamination (Cont'd)		IN	OUT	NA	NO	COS	
1. PIC present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15. Food separated and protected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Certified Food Protection Manager		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		16. Food-contact surfaces; cleaned & sanitized		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health		IN	OUT	NA	NO	COS	17. Proper disposition of returned, previously served,		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Management, food employee and conditional employee knowledge, responsibilities and reporting	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Time/Temperature Control for Safety		IN	OUT	NA	NO	COS	
4. Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18. Proper cooking time & temperatures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Procedures for responding to vomiting and diarrheal events	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		19. Proper reheating procedures for hot holding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices		IN	OUT	NA	NO	COS	20. Proper cooling time and temperature		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		21. Proper hot holding temperatures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		22. Proper cold holding temperatures		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands		IN	OUT	NA	NO	COS	23. Proper date marking and disposition		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		24. Time as a Public Health Control; procedures & records		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. No bare hand contact with RTE food or a pre-approved		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer Advisory		IN	OUT	NA	NO	COS	
10. Adequate handwashing sinks supplied and accessible		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25. Consumer advisory provided for raw/undercooked food		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Approved Source		IN	OUT	NA	NO	COS	Highly Susceptible Populations		IN	OUT	NA	NO	COS	
11. Food obtained from approved source		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26. Pasteurized foods used; prohibited foods not offered		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Food received at proper temperature		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food/Color Additives and Toxic Substances		IN	OUT	NA	NO	COS	
13. Food in good condition, safe & unadulterated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27. Food additives: approved & properly used		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Required records available: shellstock tags, parasite		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28. Toxic substances properly identified, stored & used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Repeat Violations Highlighted in Yellow								Conformance with Approved Procedures		IN	OUT	NA	NO	COS
								29. Compliance with variance/specialized process/HACCP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Good Retail Practices

Safe Food and Water		IN	OUT	NA	NO	COS	Proper Use of Utensils		IN	OUT	NA	NO	COS
30. Pasteurized eggs used where required		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43. In-use utensils: properly stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Water & ice from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44. Utensils, equip. & linens: property stored, dried & handled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Variance obtained for specialized processing methods		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		45. Single-use/single-service articles: properly stored & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control		IN	OUT	NA	NO	COS	46. Gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Proper cooling methods used; adequate equip. for temp.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Utensils, Equipment and Vending		IN	OUT	NA	NO	COS
34. Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		47. All contact surfaces cleanable, properly designed,		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48. Warewashing facilities: installed, maintained & used; test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Thermometers provided & accurate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49. Non-food contact surfaces clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification		IN	OUT	NA	NO	COS	Physical Facilities		IN	OUT	NA	NO	COS
37. Food properly labeled; original container		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50. Hot & cold water available; adequate pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination		IN	OUT	NA	NO	COS	51. Plumbing installed; proper backflow devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Insects, rodents & animals not present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52. Sewage & waste water properly disposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Contamination prevented in prep, storage & display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53. Toilet facilities: properly constructed, supplied, & cleaned		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Personal cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54. Garbage & refuse properly disposed; facilities maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Wiping cloths; properly used & stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		55. Physical facilities installed, maintained & clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Washing fruits & vegetables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		56. Adequate ventilation & lighting; designated areas use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						60. 105 CMR 590 violations / local regulations		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal

Inspector

PIC

Follow Up Required: ☒ Y Follow Up Date: 02/26/2020

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## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

## Employee Health

Management, food employee and conditional employee; knowledge,

3 **2-201.11 (A) (1) Responsibility of the Permit Holder, PIC, & Conditional Employee - Establishment -**

**Pr** Code: The permit holder shall require food employees and conditional employees to report to the PIC information about their health and activities as they relate to diseases that are transmissible through food. A food employee or conditional employee shall report the information in a manner that allows the PIC to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee has any of the following reportable symptoms: vomiting, diarrhea, jaundice, sore throat with fever, or a lesion containing pus such as a boil or infected wound that is open or draining and is on the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover, on exposed portions of the arms, unless the lesion is protected by an impermeable cover, or on other parts of the body, unless the lesion is covered by a dry, durable, tight fitting bandage.

5 **2-501.11 Clean-up Vomiting & Diarrheal Events - Establishment -**

**Pf** Code: A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.

## Time / Temperature Control for Safety

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## Cold Holding Temperature

## 22 3-501.16 (A)(2) (B) Proper Cold Holding Temps. - Pizza prep -

**Pr** The temperature of the Onions in the Cooler was 65 degrees. Code: Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under section 3-501.19, and except as specified under paragraph (B) and in paragraph (C) of this section, TCS food shall be maintained at 41°F or less. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45°F or less.

## Check List

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

UXBRIDGE BOARD OF HEALTH 2020 PRE-INSPECTION CHECKLIST

IN

PIC informed employees in verifiable manner of disease reporting

IN

Employees using barrier (I.e gloves, tongs, etc) when handling RTE foods?

IN

Employees eating/drinking in designated areas only. Drinks stored properly?

IN

Employees wearing clean uniform/proper hair restraints/fingernails maintained?

OUT

Hand washing sinks have soap, paper towels, 100 water and trash bin?

IN

Wiping cloths stored properly and staff knowledgeable on testing

IN

Soap and sanitizing solutions at concentration and test strips available?

IN

Thermometers in all temperature holding units and available for testing food?

IN

Dish machines are working properly (wash temp/solutions per manufacturer)?

NA

Test strips and irreversible temp. devices used to confirm proper sanitization?

NA

Food deliveries are from approved sources, safely stored and transported?

IN

TCS / RTE foods are properly date marked?

IN

Clean-up of vomit and diarrheal events procedures and kit available?

OUT

If applicable, grease trap logs are maintained and available?

OUT

If 25 seats or more, choke saving certificate(s) available?

IN

## Check List Part 2

IN= In Compliance

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NA = Not Applicable

NO= Not Observed

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I	REQUIRED SIGNAGE	IN
(	"A copy of the last inspection report is available upon request."	OUT
I	Allergen Awareness Poster	IN
I	Allergen Notice on menu and/or menu board	IN
I	Current Town of Uxbridge Food Permit posted	IN
I	Certified Food Protection Manager certificate posted	IN
I	Allergen Awareness certificate posted	IN
I	Handwashing signage	IN
I	Consumer Advisory if raw or undercooked animal foods served as ready-to-eat	IN

## Temperatures

Area	Equipment	Product	Notes	Temps
Pizza prep	Cooler	Onions		65 °F
Sandwich prep	Cooler	Cheese		41 °F
		Tomato sauce		185 °F
Kitchen	Walk-in	Feta cheese		38 °F
Kitchen	Walk-in	Ff		1 °F

Temperatures in RED identify items in the temperature danger zone. See the report notes for specific details.

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